

PTO/SB/30 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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|  |                        |   |
|--|------------------------|---|
| <b>Request<br/>for<br/>Continued Examination (RCE)<br/>Transmittal</b><br><br>Address to:<br>Mail Stop RCE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number     | 10/765,921-Conf. #2673                      |
|  | Filing Date            | January 29, 2004                            |
|  | First Named Inventor   | Alexander T. SCHWARM                        |
|  | Art Unit               | 2125  |
|  | Examiner Name          | S. P. Shechtman                             |
|  | Attorney Docket Number | 007733 USA/FPS/MMCS/APC<br>0107262.00181US1 |

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 08-0219. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

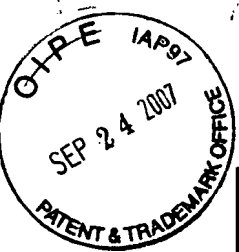
c. ☐ Payment by credit card (Form PTO-2038 enclosed)

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |                       |                  |                    |
|---|-----------------------|------------------|--------------------|
| Signature   | <i>Ketan Kadiwala</i> | Date             | September 24, 2007 |
| Name (Print/Type)                                   | Ketan Kadiwala        | Registration No. | 57,725             |

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TO RCE

PTO/SB/17 (07-07)  
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|--|------|--------------------------|------------------------|--|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>                                   |      | <b>Complete if Known</b> |                        |  |
|  |      | Application Number       | 10/765,921-Conf. #2673 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |      | Filing Date              | January 29, 2004       |  |
|  |      | First Named Inventor     | Alexander T. SCHWARM   |  |
|  |      | Examiner Name            | S. P. Shechtman        |  |
|  |      | Art Unit                 | 2125                   |  |
| TOTAL AMOUNT OF PAYMENT  | (\$) | 790.00                   | Attorney Docket No.    | 007733 USA/FPS/MMCS/APC<br>0107262 001811US1 |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 08-0219   |
| Deposit Account Name: WilmerHale LLP   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                     |   |                      |                                  |                      |                       |
|---|--------------------|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |   |                      |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                      |                                  |                      |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                      |                       |
|   |                    | <u>Small Entity</u> |   | <u>Small Entity</u>  |                                  | <u>Small Entity</u>  |                       |
| <u>Application Type</u>   | <u>Fee (\$)</u>    | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>      | <u>Fees Paid (\$)</u> |
| Utility   | 300                | 150                 | 500   | 250                  | 200                              | 100                  |                       |
| Design  | 200                | 100                 | 100   | 50                   | 130                              | 65                   |                       |
| Plant   | 200                | 100                 | 300   | 150                  | 160                              | 80                   |                       |
| Reissue   | 300                | 150                 | 500   | 250                  | 600                              | 300                  |                       |
| Provisional   | 200                | 100                 | 0   | 0                    | 0                                | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                      |                                  |                      |                       |
|   |                    |                     |   |                      |                                  | <u>Small Entity</u>  |                       |
|   |                    |                     |   |                      |                                  | <u>Fee (\$)</u>      | <u>Fee (\$)</u>       |
| <u>Fee Description</u>  |                    |                     |   |                      |                                  |                      |                       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                      |                                  | 50                   | 25                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                      |                                  | 200                  | 100                   |
| Multiple dependent claims   |                    |                     |   |                      |                                  | 360                  | 180                   |
| <u>Total Claims</u>   |                    | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |                       |
| _____ - 20 = _____  |                    | x _____             | = _____   |                      | <u>Fee (\$)</u>                  |                      | <u>Fee Paid (\$)</u>  |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                     |   |                      |                                  |                      |                       |
| <u>Indep. Claims</u>  |                    | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> |                                  |                      |                       |
| _____ - 3 = _____   |                    | x _____             | = _____   |                      |                                  |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                     |   |                      |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                      |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                      |                                  |                      |                       |
| <u>Total Sheets</u>   |                    | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |                       |
| _____ - 100 = _____   |                    | /50 = _____         | (round up to a whole number) x _____                    |                      | = _____                          |                      |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                      |                                  |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                      |                                  |                      |                       |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...   |                    |                     |   |                      |                                  | 790.00               |                       |

|                     |                |                                   |                    |
|---------------------|----------------|-----------------------------------|--------------------|
| <b>SUBMITTED BY</b> |                |                                   |                    |
| Signature           | Ketan Kadiwala | Registration No. (Attorney/Agent) | 57,725             |
| Name (Print/Type)   | Ketan Kadiwala | Telephone                         | (202) 663-6553     |
|                     |                | Date                              | September 24, 2007 |